

CITY OF MIAMI BEACH  
BARGAINING UNIT GRIEVANCE PROCEDURE FORM

UNION GRIEVANCE #: \_\_\_\_\_

LABOR RELATIONS GRIEVANCE #: \_\_\_\_\_

Instructions: Spaces 1-9 should be typed so that the same information appears at all steps. The lower portion is to be completed at each step.

1. Bargaining Unit (check one only):

\_\_\_\_ FRATERNAL ORDER OF POLICE (FOP)  
\_\_\_\_ AMERICAN FEDERATION OF STATE,  
COUNTY & MUNICIPAL EMPLOYEES (AFSCME)

\_\_\_\_ INTERNATIONAL ASSOCIATION OF FIREFIGHTERS (IAFF)  
\_\_\_\_ COMMUNICATIONS WORKERS OF AMERICA (CWA)  
\_\_\_\_ GOVERNMENT SUPERVISORS ASSOCIATION OF FLORIDA (GSAF)

2. Date of Occurrence:

3. Employee's Name & Classification:

4. Employee's Department/Division & Telephone Ext. (\_\_\_\_):

5. Employee's Immediate Supervisor & Telephone Ext. (\_\_\_\_):

6. Statement/Nature of Grievance:

7. Contract Article(s) Alleged Violated:

8. Suggested Adjustment:

9. \_\_\_\_\_  
Employee Signature DateUnion Representative's Signature Date

TO BE COMPLETED AND PRESENTED AT EACH STEP

Step 1 - Presented by (signature/title) \_\_\_\_\_

Date:

Received by (signature/title):

Date:

STEP 1 RESPONSE (FROM DIVISION TO PRESENTER)

\_\_\_\_ Grievance Denied (state why):  
\_\_\_\_ Grievance Resolved (state how):

(signature/title) \_\_\_\_\_

Date:

Received by (signature/title):

Step 2 - Presented by (signature/title) \_\_\_\_\_

Date:

Date:

STEP 2 RESPONSE (FROM DEPARTMENT TO PRESENTER)

\_\_\_\_ Grievance Denied (state why):  
\_\_\_\_ Grievance Resolved (state how):

(signature/title) \_\_\_\_\_

Date:

Received by (signature/title):

Step 3 - Presented by (signature/title) \_\_\_\_\_

Date:

Date:

See Attached Reply to Step 3 from City Manager's Designee/Labor Relations

Received by (signature/title):

ARBITRATION REQUEST/Presented by (signature/title) \_\_\_\_\_

Date:

Date:

**GOVERNMENT SUPERVISORS ASSOCIATION**  
**OF FLORIDA, OPEIU, LOCAL 100**  
**ELECTION OF REMEDY FORM**

Grievance No. \_\_\_\_\_

This form must be completed and signed at the first step of the grievance procedure.

**Employee must elect, sign, and date only one of the two following choices:**

1. \_\_\_\_\_ I/We elect to utilize the Grievance Procedure contained in the current Agreement between the City of Miami Beach, Florida, and Government Supervisors Association of Florida, OPEIU, Local 100. I understand that this choice precludes my utilization of Option Number 2.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

2. \_\_\_\_\_ I/We elect to utilize another forum for my/our grievance, and in doing so, I/we permanently waive my/our contractual right to the Grievance Procedure contained in the current labor Agreement between the City of Miami Beach and Government Supervisors Association of Florida, OPEIU, Local 100. Any resolution of a grievance from another forum cannot be inconsistent with the terms of the collective bargaining agreement that is in effect.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

RWB:lsg  
a:GSAF-CTR.98/GSAF9820.CTR